

**2018-2019
Linden Community Schools
Acceptable Use Policy**

Type of account (circle one of the following):

Student Staff Other (specify: _____)

Full Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Building: _____ Home Phone: _____

Students only:

Date of Birth: _____ **Current Grade of Student:** _____

User Responsibility Declaration

1. I agree to abide by the **Acceptable Use Policy of Linden Community Schools**. I understand that should I commit any violation, my privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken.
2. I understand that my child will be issued an email account for school purposes.
3. I give permission for the Linden Community Schools to broadcast or print images of my child via electronic or print media.

Student/User Signature: _____ Date: _____

****Students must have the signature of a parent or guardian:**

Parent/Guardian: _____ Date: _____